



Institute for Clinical and Epidemiological Research

Volume IV, No. 2.

VAMC, Durham, North Carolina

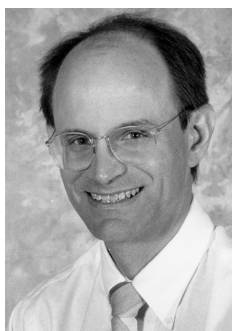
Summer 2001

ICER Welcomes New Faculty and Trainees

Two New Faculty Join HSR&D

John W. Williams, Jr., M.D., M.H.S.

Health Services Research would like to welcome back Dr. John W. Williams, Jr. as a new staff member. Dr. Williams comes to us from the Department of Internal Medicine, University of Texas Health Science Center, in San Antonio, where he has been an associate professor since 1992. While in San Antonio, he was also a Career Development Awardee and a research associate at the South Texas Veterans Health Care System, Audie L. Murphy Division, Ambulatory Care Service. Prior to Texas, he was an instructor, then an assistant professor, in the Department of Internal Medicine at Duke University Medical Center and a research associate for the Durham VA's Health Services Research in Primary Care from 1990 to 1991.



Dr. Williams received a B.A.-Chemistry in 1980 and his M.D. in 1984, both from the University of North Carolina at Chapel Hill. He did his residency in the Department of Internal Medicine at the University of Iowa Hospitals and Clinics in Iowa City from 1984 through 1987, where he also did a one-year fellowship in general medicine from 1987-1988. He was an A.W. Mellon Fellow in the Division of General Medicine at Duke University Medical Center from 1988-1989. He also was a Robert Wood Johnson Generalist Physician Faculty Scholar from 1993 through 1997 and held a VA Health Services Advanced Research Career Development Award from 1997 to 2000. He received his M.H.S. in Biometry from Duke University School of Medicine in 1992.

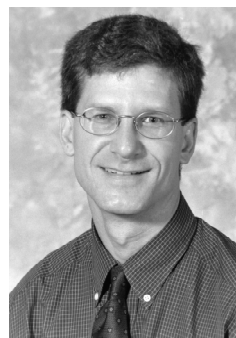
Dr. Williams areas of research interest are diagnostic strategies in ambulatory care, effectiveness in case-finding and screening, depression in the medically ill, and the evaluation and management of sinusitis.

Dr. Williams has held a number of academic and staff positions, is the recipient of numerous grants, and is the co-author of numerous journal articles and abstracts. He is a member of the American College of Physicians, the American Federation of Aging, the American Federation for Medical Research, the Society for General Internal Medicine, the Association for Health Services Research, and the Southern Society for Clinical Investigation.

William S. Yancy, M.D., M.H.S.

William Yancy, M.D., who started with HSR&D in July 1999 as an Ambulatory Care fellow and finished this June, joined our faculty as of July 1. His research focus for the last two years has been in preventive medicine, particularly in the areas of dieting, weight loss and smoking cessation. "I am pleased that I was able to focus my research in my areas of interest during fellowship and will be able to continue this focus as a faculty member," says Dr. Yancy.

He feels that his fellowship will be good preparation for the demands of a faculty position. "During my



fellowship, I was able to perform a variety of types of research, including clinical trials, systematic review, and secondary data analysis. I was able to take part in all the stages of a research project, including brainstorming for a research idea, researching a topic, designing a protocol, enrolling participants, collecting data, analyzing data and reporting the results. And in addition to the research experience, the Clinical Research Training Program classes in research design and statistics were very useful."

For his future research, Dr. Yancy will continue to focus on obesity and weight loss. Smoking cessation, will also be a part of his future research.

Post-Doctoral and MD Fellowships

The Center welcomes four new fellows: two new post-doctoral research fellows, Dr. Kelli Dominick and Dr. Jennifer Strauss; and two new M.D. research fellows, Dr. Christopher Woods and Dr. John Engemann.

Each year The Center supports healthcare professionals interested in the structure, process, and effects of healthcare services that can be used to improve the VA medical care system through two-year medical and one- and two-year pre- and post-doctoral fellowships. Fellowships are funded through the Department of Veterans Affairs' Office of Academic Affairs, the Agency for Healthcare, Research & Quality (AHRQ), and the Health Services Research & Development (HSR&D) services.

Kelli L. Dominick, Ph.D.

Kelli L. Dominick, Ph.D., began an OAA-funded Post-Doctoral Fellowship with HSR&D this June. Her research interests are in chronic disease epidemiology and health psychology. "I've started to get involved with ongoing projects in HSR&D related to hypertension and women's health," says Dr. Dominick. "I'm also hoping to focus on issues related to health services utilization among veterans with osteoarthritis." Her mentor will be Dr. Hayden Bosworth.

Dr. Dominick received her B.S. in Exercise and Sport Science from Pennsylvania State University in 1992. She went on to Wake Forest University and received an M.S. Health and Sport Science in 1994, where her thesis was *Social Support Strategies Influence Physical Activity Outcomes in Cardiac Rehabilitation*. From 1994 to 1995 she worked as a research technician in hypertension studies, and from 1995 to 1997 as an exercise physiologist in an NIH-sponsored study of the effects of exercise on fibromyalgia, osteoarthritis, hypertension, and depression while working in the Department of Behavioral Medicine, Duke University Medical Center. She receives her Ph.D. in behavioral health from Pennsylvania State University this August.

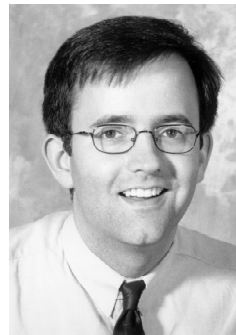


Upon completing her graduate work, Ph.D., Dr. Dominick was looking for an opportunity that would allow her to conduct quality, timely research in the areas of epidemiology and health services. "Once I completed graduate school," says Dr. Dominick, "I wanted to utilize my training – as well as develop new skills – in a setting that had an interdisciplinary approach to health research and that focused on issues that have practical significance and applications within the medical and public health communities. I feel I've found that in the HSR&D Post-Doctoral Fellowship program."

Dr. Dominick is the lead author of one article and lead and/or co-author of numerous published meeting abstracts. She is a member of the Gerontological Society of America and the Society of Behavioral Medicine.

John J. Engemann, M.D.

John J. Engemann, M.D., began his AHRQ-funded M.D. Fellowship with HSR&D in July 2001. His research interest is in infectious diseases in the areas of infective endocarditis, infection control, and hospital epidemiology, with a focus on clinical research. Upon



completing his fellowship, Dr. Engemann's goal is to obtain a faculty position at a major academic medical center and devote himself to clinical research, teaching, and patient care. He feels the fellowship will give him important preparation for his future goals. "The mentoring and training in biostatistics, epidemiology, and study design available through the Health

Services Research fellowship at the Durham VA Medical Center," says Dr. Engemann, "will allow me to develop the skills necessary to conduct clinical research and to succeed in academic medicine."

Dr. Engemann received his undergraduate degree from the University of Michigan, double majoring in economics and biology, in 1992. He attended medical school at Wayne State University where he received the Medical Alumni Senior Scholarship Award and received his M.D. in 1996. He did his internal medicine residency at Duke University's Medical Center from 1997 through 1999 and worked for Rex Hospital in Raleigh from 1999 to 2000. He was a Clinical Fellow in Infectious Diseases at Duke University beginning in 2000, which he has just completed.

During the clinical year of his infectious disease fellowship, Dr. Engemann worked on a project studying the costs associated with staphylococcal surgical site infections with Dr. Keith Kaye at the Durham Regional Hospital and Duke University. "In the next two years I plan to study the epidemiology of surgical site infections in community hospitals, using data collected prospectively from hospitals which are part of the infection control network run by Dr. Daniel Sexton. In addition, I am also a member of the team at Duke participating in a prospective international collaboration on endocarditis that currently involves 14 hospitals in 12 counties."

Dr. Engemann is a member of the American College of Physicians, the Infectious Diseases Society of America, and the American Society of Microbiology.

Jennifer L. Strauss, Ph.D.

Jennifer L. Strauss, Ph.D., began her AHRQ-funded Post-Doctoral Fellowship with HSR&D August 2001. During her two-year fellowship, she

plans to focus on the doctor-patient relationship, quality-of-life factors and the course of psychopathology, treatment response, and patients' vulnerability to relapse. Dr. Strauss, whose research has previously targeted treatment issues that affect mental health patients, states, "I have come to appreciate that these factors are equally central to the effective treatment of medical patients. I am invested in broadening the scope of my research to factors that inform the course of physical, as well as emotional, health and well-being." She will be working with Drs. Jeannie Beckham and Hayden Bosworth as her mentors.

Dr. Strauss graduated with a B.A. from Emory University in 1991. She received her Masters of Science in Adult Clinical Psychology in 1998 and her Ph.D. in Adult Clinical Psychology in 2001, both from the University of Miami in Florida. She completed a pre-doctoral internship in Adult Cognitive-Behavioral Psychology at Duke University Medical Center in June 2001.

Dr. Strauss sees the Post-Doctoral Fellowship as an excellent opportunity to realize her professional development objectives. "Working as a member of a multidisciplinary research team will expose me to a range



of perspectives relevant to conducting research in a medical setting. It will also expand my view from a focus on the individual to the broader health care system that serves that patient. And it gives me an opportunity to gain experience with patient populations I would like to serve, including lower socioeconomic status patients, minorities, and the elderly. Overall,

I see this as an ideal experience toward my development as a clinical researcher in a health care setting."

Dr. Strauss is a co-author of three journal articles, the recipient of several honors and awards, and has held a number of offices and teaching positions. She is a member of the American Psychological Association and the Association for the Advancement of Behavior Therapy.

Christopher W. Woods, M.D.

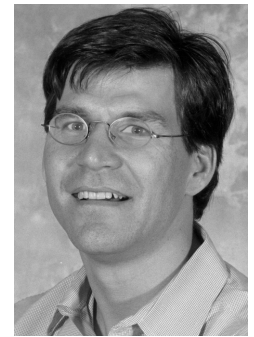
Christopher Woods, M.D., began his HSR&D-funded fellowship in July 2001. His research interests are in infectious diseases, clinical microbiology, tropical medicine, and diagnostic testing. Dr. Woods' long-term interests are in academic medicine and public health and his goal is to find a way to combine the two. While working as an HSR&D fellow, Dr. Woods will concurrently pursue an M.P.H. at the University of North Carolina at Chapel Hill.

Dr. Woods graduated with a B.A. in History from Yale University in 1989. After teaching high school for a year, he went on to Duke University's School of Medicine, graduating in 1994. He continued at Duke for his three-

year residency in internal medicine from 1994 through 1997. He worked two years in the Epidemic Intelligence Service at the Centers for Disease Control in Atlanta from 1997 through 1999, then completed a one-year fellowship in infectious diseases at Duke University Medical Center in 2000. He also just completed a one-year fellowship in medical microbiology at Duke.

Dr. Woods is a recipient of several honors and awards in teaching and public health and is co-author a number of publications.

He is a member of the Infectious Disease Society of America, the American Society of Tropical Medicine and Hygiene, the American Medical Association, the American College of Physicians, the American Public Health Association, and Physicians for Social Responsibility.



National Longitudinal Caregiver Study

Three years ago, researchers from the Durham VA and Duke University Medical Center began a study funded through the Veteran's Health Administration's Nursing Research Initiative. The objective of the study was to evaluate, on a national level, the financial and emotional costs for families who provide care for elderly veterans with dementia. Known as the National Longitudinal Caregiver Study (NRI 95-218) and funded by HSR&D, the goal of the project was to determine the impact of dementia on veterans' families in terms of informal disease costs, caregiver quality of life and service use, and to identify variables associated with VA service use and institutionalization.

Progressive dementing disorders, such as Alzheimer's disease (AD) and multi-infarct/vascular dementia (a series of small strokes causing progressive dementia), are debilitating conditions that, over time, render patients less able to take care of themselves. Patients rely more and more on others to supervise and carry out their most basic daily activities. Eventually, patients with progressive dementia require constant care and supervision.

A 1995 study of the National Advisory Council on Aging estimated similar costs for home-based and institutional care for patients with Alzheimer's disease. However, for community dwelling AD patients, the majority of care costs are due to informal, unpaid care, a cost nearly three-times as high as the cost of formal care in the community.

With the goal of comprehensively examining informal costs of dementia, the results from the National Longitudinal Caregiver Study, published in the July issue of the *Journal of Gerontology*,* indicate that, among more than 2,000 elderly patients cared for in the community predominately by female spouses in 1998, informal costs

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per patient were \$18,385. The study looked at four components of informal caregiving costs: 1) the value of the informal caregivers' time, 2) caregiver's lost income, 3) out-of-pocket expenditure for formal services, and 4) the caregivers' excess health care costs. The majority of care costs is due to the caregiver's lost earnings (\$10,709) and increased caregiving time required for the provision of physical care (\$6,295). Costs in all four categories increased with disease severity and patient problem behavior.

Elizabeth Clipp, Ph.D., R.N., of the Durham VA Geriatric Research, Education and Clinical Center (GRECC), principal investigator of the National Longitudinal Caregiving Study and co-author of the published study, said that all caregivers in the study were identified as caring for elderly veterans. "We were in an excellent position to estimate the financial impact on elderly spouse caregivers providing dementia home care because of the fine-grained data on a large national sample of informal caregivers of veterans who use the VA as their usual source of care." She said that although several previously published studies have estimated costs of informal care, their estimates are based on a narrow range

of factors. "We wanted to examine the informal costs more broadly and in the context of disease severity," said Dr. Clipp, "incorporating the value of the caregivers' time but also including factors such as the value of the caregivers' lost income, out-of-pocket expenditures, and excess health care costs. Most importantly, we wanted to exclude from our estimates the costs that caregivers would have incurred if they had not been caregivers so as to provide only costs due to informal dementia care."

Dr. Clipp says these findings are significant for long-term policy and planning. "The study's outcomes should inform VA policy makers as they plan initiatives in home health and community long-term care. Because formal institutional care is very expensive, efforts should be made to enhance the ability of informal home or community caregivers in their work. Reducing the economic burdens associated with dementia home care may extend the time patients are able to live at home, thus reducing the long-term costs of institutional care."

*Moore MJ, Zhu CW, CLIPP EC. "Informal Costs of Dementia Care: Estimates From the National Longitudinal Caregiver Study" *Journal of Gerontology: Social Sciences* 2001; 56B(4): S219-S228.

ICER Update is published quarterly by the Health Services Research and Development Service, Department of Veterans Affairs Medical Center, Durham. For questions or comments contact Ed Cockrell, Administrative Officer, VAMC (152), 508 Fulton Street, Durham NC, 27705. Telephone: (919) 286-6936, Fax: (919) 416-5836. E-mail: COCKR001@mc.duke.edu Web Page: <http://hsrd.durham.med.va.gov/>

The Institute's mission is to provide quality information on issues regarding the organization, financing, and delivery of veterans' health care, and to build the epidemiological capacity of the Veterans Health Administration through the generation, synthesis, and dissemination of epidemiological information. The Institute also has a mission to educate health professionals through a spectrum of training grants in the techniques of health services and epidemiological research.